

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
College of American Pathologists Political Action Committee

ADDRESS (number and street) 1350 I Street, NW
Suite 590
 Check if different than previously reported. (ACC)
Washington DC 20005

2. **FEC IDENTIFICATION NUMBER** C00274944
3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day Post -Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 09 01 2009 through 09 30 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dr. Renee R. Ellerbroek

Signature of Treasurer Electronically Filed by Dr. Renee R. Ellerbroek Date 11 19 2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Table with 7 columns and 1 row for Office Use Only.

FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
College of American Pathologists Political Action Committee

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		84806.66
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	224478.08									
(c) Total Receipts (from Line 19)	91087.00	526359.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	315565.08	611165.66								
7. Total Disbursements (from Line 31)	54860.28	350460.86								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	260704.80	260704.80								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

College of American Pathologists Political Action Committee

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	86427.50	402619.50
(ii) Unitemized	4659.50	117989.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)	91087.00	520609.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	91087.00	520609.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	5750.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	91087.00	526359.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	91087.00	526359.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1360.28	9031.08
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1360.28	9031.08
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	53500.00	341179.78
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	250.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	250.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	54860.28	350460.86
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	54860.28	350460.86

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	91087.00	520609.00
34. Total Contribution Refunds (from Line 28(d))	0.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	91087.00	520359.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1360.28	9031.08
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1360.28	9031.08

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 60
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A. Full Name (Last, First, Middle Initial)
D. Garrett Alcorn, Dr.

Mailing Address Department of Pathology
16251 Sylvester Road, SW

City State Zip Code
Seattle WA 98166

FEC ID number of contributing federal political committee. C

Name of Employer Highline Community Hosp Occupation Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y
09 / 03 / 2009

Transaction ID: SA11AI.35244

Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
D Garrett Alcorn, Dr.

Mailing Address 16251 Sylvester Rd SW

City State Zip Code
Burien WA 98166-3017

FEC ID number of contributing federal political committee. C

Name of Employer Highline Med Ctr Occupation Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y
09 / 25 / 2009

Transaction ID: SA11AI.35245

Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
M. Victor Alvarez, Dr.

Mailing Address 2045 S 14th Ave Unit 17

City State Zip Code
Yuma AZ 85364-6286

FEC ID number of contributing federal political committee. C

Name of Employer Yuma Reg Med Ctr Occupation Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y
09 / 17 / 2009

Transaction ID: SA11AI.35379

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) 2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 60
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A.

Full Name (Last, First, Middle Initial)
L Ruth Anker, Dr.

Mailing Address 5100 W Broad St

City Columbus State OH Zip Code 43228-1607

FEC ID number of contributing federal political committee. **C**

Name of Employer Doctors Hospital Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 03 / 2009
Transaction ID: SA11AI.35215
Amount of Each Receipt this Period 1000.00

B.

Full Name (Last, First, Middle Initial)
Steven Gary Assarian, Dr.

Mailing Address Dept of Lab Med
2799 W Grand Blvd # K-6

City Detroit State MI Zip Code 48202-2608

FEC ID number of contributing federal political committee. **C**

Name of Employer Henry Ford Health System Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 04 / 2009
Transaction ID: SA11AI.35242
Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
D. Norman Bell, Dr.

Mailing Address PO Box 242752

City Montgomery State AL Zip Code 36124

FEC ID number of contributing federal political committee. **C**

Name of Employer Baptist Medical Ctr-East Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 03 / 2009
Transaction ID: SA11AI.35183
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 60
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A. Full Name (Last, First, Middle Initial)
A. Jane Bennett-Munro, Dr.

Mailing Address PO Box 409
650 Addison Ave W

City State Zip Code
Twin Falls ID 83301

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Magic Valley Reg Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 17 / 2009

Transaction ID: SA11AI.35329

Amount of Each Receipt this Period
600.00

B. Full Name (Last, First, Middle Initial)
A. Richard Bernert, Dr.

Mailing Address 9815 N 107th St

City State Zip Code
Scottsdale AZ 85258-6090

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Clin-Path Associates, P.C. Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 17 / 2009

Transaction ID: SA11AI.35380

Amount of Each Receipt this Period
208.00

C. Full Name (Last, First, Middle Initial)
F. Peter Bernhardt, Dr.

Mailing Address Department of Pathology
800 Biesterfield Rd

City State Zip Code
Elk Grove Village IL 60007-3397

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Alexian Brothers Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 04 / 2009

Transaction ID: SA11AI.35174

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1308.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 60
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) G. Jared Block, Dr.</p> <p>Mailing Address 2928 Forest Park Dr</p> <p>City State Zip Code Charlotte NC 28209-1402</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Carolinas Med Ctr - University Occupation: Pathologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 400.00</p>	<p>Date of Receipt 09 / 17 / 2009</p> <p>Transaction ID: SA11AI.35191</p> <p>Amount of Each Receipt this Period 200.00</p>
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<p>B. Full Name (Last, First, Middle Initial) W. Henry Bockelman, Dr.</p> <p>Mailing Address Department of Pathology 600 Mary Street</p> <p>City State Zip Code Evansville IN 47747</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Deaconess Hosp Occupation: Pathologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 600.00</p>	<p>Date of Receipt 09 / 04 / 2009</p> <p>Transaction ID: SA11AI.35210</p> <p>Amount of Each Receipt this Period 600.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Hecht Edward Bossen, Dr.</p> <p>Mailing Address 2811 Wade Road</p> <p>City State Zip Code Durham NC 27705-5622</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Duke Univ Med Ctr Occupation: Pathologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt 09 / 04 / 2009</p> <p>Transaction ID: SA11AI.35218</p> <p>Amount of Each Receipt this Period 250.00</p>
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SUBTOTAL of Receipts This Page (optional)	1050.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 60
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Ann Marylee Braniecki, Dr.

Mailing Address 2078 Fargo Blvd.

City State Zip Code
Geneva IL 60134

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
ACL Illinois Central Laboratory Pathologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	4	/	2	0	0	9

Transaction ID: SA11AI.35171

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
L Irwin Browarsky, Dr.

Mailing Address 5751 Hoover Blvd

City State Zip Code
Tampa FL 33634-5340

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Ruffolo, Hooper & Associates Pathologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	7	/	2	0	0	9

Transaction ID: SA11AI.35311

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
L Curtis Buchholz, Dr.

Mailing Address Lab
44455 Sterling Hwy

City State Zip Code
Soldotna AK 99669

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Peninsula Pathology Institute Pathologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	7	/	2	0	0	9

Transaction ID: SA11AI.35300

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) 1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 60
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Delvalle Rebeca Candal, Col

Mailing Address 100 Medical Center Dr

City State Zip Code
Slidell LA 70461-5520

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Northshore Regional Medical Center Pathologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 04 / 2009

Transaction ID: SA11AI.35288

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
D. Jeffrey Cao, Dr.

Mailing Address Dept of Path
11234 Anderson St

City State Zip Code
Loma Linda CA 92354

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Loma Linda Univ Med Ctr Pathologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 17 / 2009

Transaction ID: SA11AI.35263

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
J. Thomas Carroll, Dr.

Mailing Address Pathology Department
2720 Stone Park Blvd

City State Zip Code
Sioux City IA 51104-3734

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
St Lukes Reg Med Ctr Pathologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 04 / 2009

Transaction ID: SA11AI.35331

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 12 / 60
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Victor Casas

Mailing Address Dept of Path
65 James St

City Edison State NJ Zip Code 08818

FEC ID number of contributing federal political committee. **C**

Name of Employer John F. Kennedy Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 11 / 2009
Transaction ID: SA11AI.35249
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Lizardo Cerezo

Mailing Address Dept of Path
1414 Kuhl Ave

City Orlando State FL Zip Code 32806-2115

FEC ID number of contributing federal political committee. **C**

Name of Employer Orlando Regional Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 17 / 2009
Transaction ID: SA11AI.35292
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
E. Robert Charles, Dr.

Mailing Address 710 FM 1960 West
Medical Mall 3

City Houston State TX Zip Code 77090

FEC ID number of contributing federal political committee. **C**

Name of Employer Houston Northwest Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 17 / 2009
Transaction ID: SA11AI.35247
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A. Full Name (Last, First, Middle Initial)
W. John Chowning, Dr.
 Mailing Address 111 Franklin Health Commons
 City Farmington State ME Zip Code 04938
 Date of Receipt 09 / 25 / 2009
Transaction ID: SA11AI.35225
 Amount of Each Receipt this Period 500.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Franklin Memorial Hosp Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

B. Full Name (Last, First, Middle Initial)
Carol Barbara Comess, Dr.
 Mailing Address Department of Pathology
39000 Bob Hope Drive
 City Rancho Mirage State CA Zip Code 92270-3221
 Date of Receipt 09 / 04 / 2009
Transaction ID: SA11AI.35219
 Amount of Each Receipt this Period 500.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Eisenhower Med Ctr Occupation Pathologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

C. Full Name (Last, First, Middle Initial)
Douglas Paul Cook, Dr.
 Mailing Address Path Dept
1000 W 10th St
 City Rolla State MO Zip Code 65401-2905
 Date of Receipt 09 / 03 / 2009
Transaction ID: SA11AI.35301
 Amount of Each Receipt this Period 1000.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Phelps County Reg Med Ctr Occupation Pathologists
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 60
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Joseph Thomas Cooper, Dr.

Mailing Address 5620 East El Parque Street

City State Zip Code
Long Beach CA 90815-4129

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Centinela Hosp Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 214.50

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 17 / 2009

Transaction ID: SA11AI.35197

Amount of Each Receipt this Period
71.50

B.

Full Name (Last, First, Middle Initial)
W. David Couch

Mailing Address Dept of Path
350 N Wilmot Rd

City State Zip Code
Tucson AZ 85711

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Carondelet St Joseph's Ho-sp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 11 / 2009

Transaction ID: SA11AI.35195

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Neil Arthur Crowson, Dr.

Mailing Address Dept of Path
1923 S Utica Ave

City State Zip Code
Tulsa OK 74104-6520

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
St John Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 18 / 2009

Transaction ID: SA11AI.35324

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional) ► **971.50**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 60
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A. Full Name (Last, First, Middle Initial)
D. Hernani Cualing, Dr.

Mailing Address Department of Pathology
12902 USF Magnolia Dr Rm 2071

City Tampa State FL Zip Code 33612-9416

FEC ID number of contributing federal political committee. **C**

Name of Employer H Lee Moffitt Cancer Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 09 / 03 / 2009

Transaction ID: SA11AI.35233

Amount of Each Receipt this Period 75.00

B. Full Name (Last, First, Middle Initial)
S. DeWitt Davenport, Dr.

Mailing Address PO Box 2918

City Harlingen State TX Zip Code 78551-2918

FEC ID number of contributing federal political committee. **C**

Name of Employer Valley Baptist Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 04 / 2009

Transaction ID: SA11AI.35214

Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Ramon Fernando De Castro, Dr.

Mailing Address 250 Fountain Ct

City Lexington State KY Zip Code 40509-1888

FEC ID number of contributing federal political committee. **C**

Name of Employer Dermatopathology Reference Lab Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 18 / 2009

Transaction ID: SA11AI.35211

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1075.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 60
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A.

Full Name (Last, First, Middle Initial)
A. Craig Dise, Dr.

Mailing Address Department of Pathology
100 Madison Ave

City State Zip Code
Morristown NJ 07960

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Morristown Memorial Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
09 / 08 / 2009

Transaction ID: SA11AI.35279

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
D. James Dollar, Dr.

Mailing Address 231 Pat Stough Ln

City State Zip Code
Davidson NC 28036-8405

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Pathology Assocs Svcs Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
09 / 04 / 2009

Transaction ID: SA11AI.35190

Amount of Each Receipt this Period
750.00

C.

Full Name (Last, First, Middle Initial)
H Justin Ekuan, Dr.

Mailing Address Path
27700 Medical Center Rd

City State Zip Code
Mission Viejo CA 92691-6426

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Mission Hosp & Reg Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 25 / 2009

Transaction ID: SA11AI.35277

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 60
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A.	Full Name (Last, First, Middle Initial) M Galen Eversole, Dr.		Date of Receipt MM / DD / YYYY 09 / 04 / 2009
	Mailing Address Dept of Path 4230 Burnham Ave		Transaction ID: SA11AI.35303
	City Las Vegas	State NV	Zip Code 89119
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Quest Diag	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Edward Ewing		Date of Receipt MM / DD / YYYY 09 / 17 / 2009
	Mailing Address Lab 405 W Grand Ave		Transaction ID: SA11AI.35228
	City Dayton	State OH	Zip Code 45459
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
	Name of Employer Grandview Hosp	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00	

C.	Full Name (Last, First, Middle Initial) L. Marianne Feran, Dr.		Date of Receipt MM / DD / YYYY 09 / 17 / 2009
	Mailing Address 23 Whittier St		Transaction ID: SA11AI.35207
	City Melrose	State MA	Zip Code 02176-3601
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Converge Diagnostic Services LLC	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 60

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A.

Full Name (Last, First, Middle Initial)
T. Noel Florendo, Dr.

Mailing Address 1211 Union Ave Ste 300

City State Zip Code
Memphis TN 38104-6655

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Duckworth Pathology Group Pathologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 03 / 2009

Transaction ID: SA11AI.35217

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
D. Rebecca Folkerth, Dr.

Mailing Address Department of Pathology
75 Francis St

City State Zip Code
Boston MA 02115-6110

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Brigham & Women's Hosp Pathologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 17 / 2009

Transaction ID: SA11AI.35187

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
V. Steven Foster, Dr.

Mailing Address Department of Pathology
1441 N Beckley Ave

City State Zip Code
Dallas TX 75203

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Methodist Dallas Medical Center Pathologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 11 / 2009

Transaction ID: SA11AI.35271

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 60
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A. Full Name (Last, First, Middle Initial)
S. Robert Freedman

Mailing Address Department of Pathology
225 North Jackson Avenue

City State Zip Code
San Jose CA 95116

FEC ID number of contributing federal political committee. C

Name of Employer Regional Med Ctr Occupation Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 11 / 2009
Transaction ID: SA11AI.35308

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Michael Dennis Frisman, Dr.

Mailing Address Pathology Department
39000 Bob Hope Drive

City State Zip Code
Rancho Mirage CA 92270

FEC ID number of contributing federal political committee. C

Name of Employer Eisenhower Med Ctr Occupation Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 11 / 2009
Transaction ID: SA11AI.35220

Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
H. Keith Fulling, Dr.

Mailing Address Department of Lab Medicine
615 South New Ballas Road

City State Zip Code
St Louis MO 63141-8277

FEC ID number of contributing federal political committee. C

Name of Employer St. Johns Mercy Med Ctr Occupation Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 11 / 2009
Transaction ID: SA11AI.35325

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) 1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 60
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A.	Full Name (Last, First, Middle Initial) J. Michael Gandour, Dr.		Date of Receipt MM / DD / YYYY 09 / 25 / 2009		
	Mailing Address Dept of Path/Lab 4500 13th St		Transaction ID: SA11AI.35267		
	City Gulfport	State MS	Zip Code 39501	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00		
	Name of Employer Memorial Hosp @ Gulfport		Occupation Pathologist		

B.	Full Name (Last, First, Middle Initial) P Steven Goetz, Dr.		Date of Receipt MM / DD / YYYY 09 / 17 / 2009		
	Mailing Address Dept of Path 1000 Fourth St SW		Transaction ID: SA11AI.35270		
	City Mason City	State IA	Zip Code 50401-2800	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00		
	Name of Employer Mercy Med Ctr-North Iowa		Occupation Pathologist		

C.	Full Name (Last, First, Middle Initial) Buntyn Paul Googe, Dr.		Date of Receipt MM / DD / YYYY 09 / 25 / 2009		
	Mailing Address 315 Erin Dr		Transaction ID: SA11AI.35255		
	City Knoxville	State TN	Zip Code 37919-6202	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00		
	Name of Employer Knoxville Dermatopathology Laboratorie		Occupation Pathologist		

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 60
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
							17

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Sylvester Michael Graff, Dr.
Mailing Address 290 Big Run Rd

City Lexington State KY Zip Code 40503-2903

FEC ID number of contributing federal political committee. **C**

Name of Employer Pathology & Cytology Labs Inc Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 17 / 2009
Transaction ID: SA11AI.35224
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Dwayne Brent Hall, Dr.
Mailing Address PO Box 1818

City Boone State NC Zip Code 28607-1818

FEC ID number of contributing federal political committee. **C**

Name of Employer unaffiliated Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 04 / 2009
Transaction ID: SA11AI.35370
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Carl Gordon Handte, Dr.
Mailing Address Department of Pathology
1800 East Park Ave

City State College State PA Zip Code 16803

FEC ID number of contributing federal political committee. **C**

Name of Employer Centre Community Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 17 / 2009
Transaction ID: SA11AI.35280
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 2250.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 60
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A.

Full Name (Last, First, Middle Initial)
V. William Harrer, Dr.

Mailing Address 129 The Mews

City Haddonfield State NJ Zip Code 08033-1344

FEC ID number of contributing federal political committee. **C**

Name of Employer Our Lady of Lourdes Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 17 / 2009

Transaction ID: SA11AI.35253

Amount of Each Receipt this Period 1000.00

B.

Full Name (Last, First, Middle Initial)
N. Gene Herbek, Dr.

Mailing Address The Pathology Center
8303 Dodge St

City Omaha State NE Zip Code 68114

FEC ID number of contributing federal political committee. **C**

Name of Employer Methodist Hospital Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 09 / 17 / 2009

Transaction ID: SA11AI.35274

Amount of Each Receipt this Period 350.00

C.

Full Name (Last, First, Middle Initial)
M Douglas Hughes, Dr.

Mailing Address 6063 Sabal Creek Blvd

City Port Orange State FL Zip Code 32128

FEC ID number of contributing federal political committee. **C**

Name of Employer Halifax Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 04 / 2009

Transaction ID: SA11AI.35234

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1850.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 60
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A. Full Name (Last, First, Middle Initial)
M. Thomas James, Dr.

Mailing Address Dept of Pathology
4343 N Josey Ln

City State Zip Code
Carrollton TX 75010

FEC ID number of contributing federal political committee. **C**

Name of Employer Trinity Med Ctr Occupation Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 04 / 2009

Transaction ID: SA11AI.35341

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Emmett William Jefferson, Dr.

Mailing Address 101 Elm Ave SE

City State Zip Code
Roanoke VA 24013-2222

FEC ID number of contributing federal political committee. **C**

Name of Employer Carilion Roanoke Mem Hosp Occupation Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 03 / 2009

Transaction ID: SA11AI.35188

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
E Danna Johnson, Dr.

Mailing Address Dept of Path
1401 Johnston Willis Dr

City State Zip Code
Richmond VA 23235-4730

FEC ID number of contributing federal political committee. **C**

Name of Employer Commonwealth Lab Consultants Occupation Pathologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 25 / 2009

Transaction ID: SA11AI.35203

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 60
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Gregorius Joan Jones, Dr.

Mailing Address 1320 York Ave 34H

City State Zip Code
New York NY 10021-4878

FEC ID number of contributing federal political committee. **C**

Name of Employer: New York Presbyterian Hosp - Cornell C
Occupation: Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt: 09 / 04 / 2009
Transaction ID: SA11AI.35285
Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
G. Megha Joshi, Dr.

Mailing Address 2 Dana Ave

City State Zip Code
Winchester MA 01890-1010

FEC ID number of contributing federal political committee. **C**

Name of Employer: Lawrence General Hosp
Occupation: Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
266.00

Date of Receipt: 09 / 17 / 2009
Transaction ID: SA11AI.35262
Amount of Each Receipt this Period: 38.00

C.

Full Name (Last, First, Middle Initial)
Alexandre Andre Kajdacsy-Balla, Dr.

Mailing Address Dept of Path
1819 W Polk St Rm 446

City State Zip Code
Chicago IL 60612-4356

FEC ID number of contributing federal political committee. **C**

Name of Employer: Univ of Illinois at Chicago
Occupation: Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: 09 / 17 / 2009
Transaction ID: SA11AI.35351
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► **788.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 60
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Elwin Marc Keen, Dr.

Mailing Address Director of Clinical Laboratory
One Atkinson Drive

City State Zip Code
Ludington MI 49431-9431

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Memorial Med Ctr of W Michigan Pathologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 04 / 2009

Transaction ID: SA11AI.35268

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
L Dennis Laffay, Dr.

Mailing Address 18856 North Valley

City State Zip Code
Fairview Park OH 44126

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Hillcrest Hosp Pathologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 18 / 2009

Transaction ID: SA11AI.35246

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
D.K. Clarke Lambe, Dr.

Mailing Address 16019 N 53rd St

City State Zip Code
Scottsdale AZ 85254-1776

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Western Pathology Assoc, Ltd. Pathologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 11 / 2009

Transaction ID: SA11AI.35376

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 4500.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 60
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A.

Full Name (Last, First, Middle Initial)
L. Rosanna Lapham, Dr.

Mailing Address 101 East Wood Street

City State Zip Code
Spartanburg SC 29303

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Spartanburg Pathology Associates, PA Pathologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009

Transaction ID: SA11AI.35194

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
E. Philip LeBoit, Dr.

Mailing Address 1701 Divisadero St Rm 350

City State Zip Code
San Francisco CA 94115-3011

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Univ of California San Francisco Pathologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 03 / 2009

Transaction ID: SA11AI.35347

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
J Christopher Leigh, Dr.

Mailing Address Mercy Medical Center
250 Mercy Dr

City State Zip Code
Dubuque IA 52001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
United Clinical Laboratories Pathologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 18 / 2009

Transaction ID: SA11AI.35345

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 60

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Alan Levin

Mailing Address 1701 Hillmoor Dr Ste C11

City State Zip Code
Port St Lucie FL 34952

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AmeriPath Pathologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.35175

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

P Rodger Lewis, Dr.

Mailing Address PO Box 870
1209 Bishop ST

City State Zip Code
Union City TN 38281-0870

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Baptist Memorial Hosp-Uni- on City Pathologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.35184

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

L Richard Lozano, Dr.

Mailing Address Dept of Path
290 Big Run Rd

City State Zip Code
Lexington KY 40502

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Pathology & Cytology Labs Inc Pathologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.35294

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 / 60
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A.	Full Name (Last, First, Middle Initial) C. John Maddox, Dr.		Date of Receipt MM / DD / YYYY 09 / 04 / 2009		
	Mailing Address Department of Pathology 500 J. Clyde Morris Blvd.		Transaction ID: SA11AI.35309		
	City Newport News	State VA	Zip Code 23601	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Riverside Reg Med Ctr		Occupation Pathologist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

B.	Full Name (Last, First, Middle Initial) Patrice Anne Marshall, Dr.		Date of Receipt MM / DD / YYYY 09 / 04 / 2009		
	Mailing Address Dept of Pathology 290 Big Run Rd		Transaction ID: SA11AI.35295		
	City Lexington	State KY	Zip Code 40503	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Pathology & Cytology Labs Inc.		Occupation Pathologist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

C.	Full Name (Last, First, Middle Initial) E. John McDonald, Dr.		Date of Receipt MM / DD / YYYY 09 / 03 / 2009		
	Mailing Address Dept of Pathology 4401 Booth Calloway		Transaction ID: SA11AI.35286		
	City North Richland Hil	State TX	Zip Code 76180	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer North Hills Hosp		Occupation Pathologist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 60
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A.

Full Name (Last, First, Middle Initial)
R Myron Melamed, Dr.

Mailing Address 3000 S Ocean Blvd Apt 1504

City State Zip Code
Boca Raton FL 33432

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Westchester Medical Center Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 03 / 2009

Transaction ID: SA11AI.35374

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
D. Bruce Melin, Dr.

Mailing Address Department of Pathology
401 E Spruce St

City State Zip Code
Garden City KS 67846-5672

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
St. Catherine Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 03 / 2009

Transaction ID: SA11AI.35332

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
A. Karen Miller, Dr.

Mailing Address Lab
1255 W Washington St

City State Zip Code
Tempe AZ 85281-1210

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Clin-Path Associates, P.C. Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 04 / 2009

Transaction ID: SA11AI.35318

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 60
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A.

Full Name (Last, First, Middle Initial) Deepak Mohan		Date of Receipt MM / DD / YYYY 09 / 23 / 2009
Mailing Address Medical Lab Director 500 W Hospital Rd		Transaction ID: SA11AI.35312
City French Camp	State CA	Zip Code 95231
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 535.00
Name of Employer San Joaquin General Hospital	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 535.00	

B.

Full Name (Last, First, Middle Initial) F. Gary Neitzel, Dr.		Date of Receipt MM / DD / YYYY 09 / 04 / 2009
Mailing Address ACL Laboratories 2900 W. Oklahoma Avenue		Transaction ID: SA11AI.35182
City Milwaukee	State WI	Zip Code 53215-4330
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer St. Luke's Med Ctr	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) R. Michael O'Leary, Dr.		Date of Receipt MM / DD / YYYY 09 / 08 / 2009
Mailing Address 1304 Buckley Rd		Transaction ID: SA11AI.35257
City Syracuse	State NY	Zip Code 13212-4311
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Lab Alliance of Central New York	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	2035.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 60
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Cheng Yao Ong, Dr.
Mailing Address 4712 Grandview Avenue

City State Zip Code
New Port Richey FL 34652-1039

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Gulf Coast Pathologists Pathologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 03 / 2009
Transaction ID: SA11AI.35232
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
A. Stephen Ovanessoff, Dr.
Mailing Address 1255 W Washington St

City State Zip Code
Tempe AZ 85281

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Clin-Path Associates, P.C. Pathologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 18 / 2009
Transaction ID: SA11AI.35319
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Norman Robert Page, Dr.
Mailing Address 315 Erin Dr

City State Zip Code
Knoxville TN 37919-6202

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Knoxville Dermatopathology Laboratorie Pathologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
09 / 03 / 2009
Transaction ID: SA11AI.35256
Amount of Each Receipt this Period 750.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 60
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	
							<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A.

Full Name (Last, First, Middle Initial) Abraham Philip		Date of Receipt MM / DD / YYYY 09 / 17 / 2009
Mailing Address Department of Pathology 10500 Montgomery Rd		Transaction ID: SA11AI.35185
City Cincinnati	State OH	Zip Code 45242-4402
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Bethesda North Hosp	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Leon Fred Picklesimer, Dr.		Date of Receipt MM / DD / YYYY 09 / 04 / 2009
Mailing Address Dept of Path 290 Big Run Rd		Transaction ID: SA11AI.35296
City Lexington	State KY	Zip Code 40503-2903
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Pathology & Cytology Labs Inc	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) Ray Matthew Plymyer, Dr.		Date of Receipt MM / DD / YYYY 09 / 16 / 2009
Mailing Address 506 Devonhall Ln		Transaction ID: SA11AI.35364
City Cary	State NC	Zip Code 27518-2658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Wake Med Ctr	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1600.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 60
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A.	Full Name (Last, First, Middle Initial) G Thomas Puckett, Dr.		Date of Receipt	
	Mailing Address Dept of Path 421 S 28th Ave Ste 310		M M / D D / Y Y Y Y Y 09 / 04 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.35239
	Hattiesburg	MS	39401-7208	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
	Name of Employer Hattiesburg Clinic, PA		Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

B.	Full Name (Last, First, Middle Initial) Richard Donald Pulitzer, Dr.		Date of Receipt	
	Mailing Address 706 Green Valley Rd Ste 104		M M / D D / Y Y Y Y Y 09 / 17 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.35231
	Greensboro	NC	27408-7043	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
	Name of Employer Greensboro Pathology Assoc PA		Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

C.	Full Name (Last, First, Middle Initial) A. Felipe Querimit, Dr.		Date of Receipt	
	Mailing Address Clinical Laboratories 25 Pocono Rd		M M / D D / Y Y Y Y Y 09 / 25 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.35322
	Denville	NJ	07834	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
	Name of Employer St. Clare's Hosp		Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 60
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A.

Full Name (Last, First, Middle Initial)
C. James Quigley, Dr.

Mailing Address Department of Pathology
PO Box 2923

City State Zip Code
Shawnee Mission KS 66201

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Shawnee Mission Med Ctr Pathologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009

Transaction ID: SA11AI.35315

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Shrin Rajagopalan

Mailing Address 1900 Kildaire Farm Rd

City State Zip Code
Cary NC 27518-6616

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WakeMed Cary Hosp Pathologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 18 / 2009

Transaction ID: SA11AI.35368

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
J. Thomas Reed, Dr.

Mailing Address 2001 Webber St

City State Zip Code
Sarasota FL 34239-5237

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Sarasota Pathology Pathologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 04 / 2009

Transaction ID: SA11AI.35314

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 60
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
							17

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A.

Full Name (Last, First, Middle Initial)
M. Susan Rendon, Dr.

Mailing Address 913B North Blvd East

City State Zip Code
Leesburg FL 34748

FEC ID number of contributing federal political committee. **C**

Name of Employer Pathology Medical Laboratories, PA
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009

Transaction ID: SA11AI.35299

Amount of Each Receipt this Period
1750.00

B.

Full Name (Last, First, Middle Initial)
E. Ronald Rocha, Dr.

Mailing Address 3701 S Higuera St Ste 200

City State Zip Code
San Luis Obispo CA 93401

FEC ID number of contributing federal political committee. **C**

Name of Employer Central Coast Pathology Consultants
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009

Transaction ID: SA11AI.35196

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
F Charles Romberger, Dr.

Mailing Address 555 N. Duke St.
P.O. Box 3555

City State Zip Code
Lancaster PA 17604-3555

FEC ID number of contributing federal political committee. **C**

Name of Employer unaffiliated
Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
09 / 03 / 2009

Transaction ID: SA11AI.35261

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **3250.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 60
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A.

Full Name (Last, First, Middle Initial)
J Assad Saad, Dr.

Mailing Address 1441 N Beckley Ave

City State Zip Code
Dallas TX 75203-1201

FEC ID number of contributing federal political committee. **C**

Name of Employer Surgical Pathologists Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
09 / 04 / 2009

Transaction ID: SA11AI.35272

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
D. Clifford Sauls, Dr.

Mailing Address 4899 Montrose Blvd Apt 1510

City State Zip Code
Houston TX 77006-6170

FEC ID number of contributing federal political committee. **C**

Name of Employer Houston Pathology Associates Occupation Doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
09 / 25 / 2009

Transaction ID: SA11AI.35248

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
T Berton Schaeffer, Dr.

Mailing Address Dept of Path
214 Hospital Cir

City State Zip Code
Blairsville GA 30512-3102

FEC ID number of contributing federal political committee. **C**

Name of Employer Union General Hosp Occupation Pathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
09 / 11 / 2009

Transaction ID: SA11AI.35344

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A.

Full Name (Last, First, Middle Initial)
C David Schlosnagle, Dr.

Mailing Address 510 Old Path Crossing

City Roswell State GA Zip Code 30075

FEC ID number of contributing federal political committee. **C**

Name of Employer WellStar Kennestone Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 03 / 2009

Transaction ID: SA11AI.35372

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
J Andrew Sloman, Dr.

Mailing Address Dept of Path
1414 Kuhl Ave

City Orlando State FL Zip Code 32806-2008

FEC ID number of contributing federal political committee. **C**

Name of Employer Orlando Regional Med Ctr Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 04 / 2009

Transaction ID: SA11AI.35293

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Travis Elton Smith, Dr.

Mailing Address 1101 Veramonte Dr

City Matthews State NC Zip Code 28104

FEC ID number of contributing federal political committee. **C**

Name of Employer Carolinas Pathology Group Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 17 / 2009

Transaction ID: SA11AI.35193

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 60

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A.

Full Name (Last, First, Middle Initial)
M. Ray Smith, Dr.

Mailing Address Department of Labs.
150 Kingsley Ln

City State Zip Code
Norfolk VA 23505-4602

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Bon Secours DePaul Medical Center Pathologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 03 / 2009

Transaction ID: SA11AI.35186

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Joy Snell

Mailing Address 5405 SW Daun Dr

City State Zip Code
Lawton OK 73505

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Advanced Pathology Pathologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 17 / 2009

Transaction ID: SA11AI.35172

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)
James Matthew Snyder, Dr.

Mailing Address WakeMed Hospital
Pathology Dept.

City State Zip Code
Raleigh NC 27610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Raleigh Pathology Lab Assoc PA Pathologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 18 / 2009

Transaction ID: SA11AI.35307

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 60

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

College of American Pathologists Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Strimel Kathleen Sunshine, Dr.

Mailing Address 7617 SE Maple Ave

City

Vancouver

State

WA

Zip Code

98664-1736

FEC ID number of contributing federal political committee.

C

Name of Employer
Southwest Washington Med
Ctr

Occupation
Pathologist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
09 / 11 / 2009

Transaction ID: SA11AI.35339

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Justin Eric Thompson, Dr.

Mailing Address 501 Alameda St Ste B

City

Norman

State

OK

Zip Code

73071-5465

FEC ID number of contributing federal political committee.

C

Name of Employer
Pathology Consultation Se-
rvices Inc

Occupation
Pathologist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
09 / 04 / 2009

Transaction ID: SA11AI.35298

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

A. Joseph Tworek, Dr.

Mailing Address Dept of Path
5301 E Huron River Dr

City

Ann Arbor

State

MI

Zip Code

48106-0995

FEC ID number of contributing federal political committee.

C

Name of Employer
St. Joseph Mercy Hosp

Occupation
Pathologist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
09 / 17 / 2009

Transaction ID: SA11AI.35326

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 60
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A.

Full Name (Last, First, Middle Initial)
J. Melvin Van Boven, Dr.

Mailing Address Department of Pathology
744 W 9th St

City State Zip Code
Tulsa OK 74127

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Tulsa Regional Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009

Transaction ID: SA11AI.35291

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
A Carol Van der Harten, Dr.

Mailing Address 4230 Burnham Ave Ste 250

City State Zip Code
Las Vegas NV 89119-5489

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Quest Diagnostics Incorporated Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 11 / 2009

Transaction ID: SA11AI.35306

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
E Laura Van Newkirk, Dr.

Mailing Address 2738 E 51st St Ste 290

City State Zip Code
Tulsa OK 74105-6271

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Tulsa Medical Laboratory Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 25 / 2009

Transaction ID: SA11AI.35342

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 60
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Guillermo Villarmazo

Mailing Address PO Box 366527

City San Juan State PR Zip Code 00936-6527

FEC ID number of contributing federal political committee. **C**

Name of Employer Hato Rey Pathology Associates Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 04 / 2009

Transaction ID: SA11AI.35238

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Ellen Emily Volk, Dr.

Mailing Address Department of Pathology
44201 Dequindre Rd

City Troy State MI Zip Code 48085

FEC ID number of contributing federal political committee. **C**

Name of Employer William Beaumont Hosp Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 09 / 18 / 2009

Transaction ID: SA11AI.35377

Amount of Each Receipt this Period 1200.00

C.

Full Name (Last, First, Middle Initial)
B Don Vollman, Dr.

Mailing Address 411 East Matthews

City Jonesboro State AR Zip Code 72401-3142

FEC ID number of contributing federal political committee. **C**

Name of Employer Doctors' Anatomic Path Svcs, PA Occupation Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 24 / 2009

Transaction ID: SA11AI.35212

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2450.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 60
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A.

Full Name (Last, First, Middle Initial)
C. Larry VonKuster, Dr.

Mailing Address Department of Pathology
715 South Taft

City State Zip Code
Fremont OH 43420

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Fremont Mem Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2009

Transaction ID: SA11AI.35226

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
L Dale Waldner, Dr.

Mailing Address 1700 Iron Jacket Trl

City State Zip Code
Harker Heights TX 76548-6955

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Darnell Community Hosp Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 18 / 2009

Transaction ID: SA11AI.35209

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Michael Francis Walsh, Dr.

Mailing Address Dept of Path
3170 W Central Ave

City State Zip Code
Toledo OH 43606-2945

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Consultants in Laboratory Medicine Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
09 / 03 / 2009

Transaction ID: SA11AI.35206

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 60
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A.

Full Name (Last, First, Middle Initial)
G Patricia Wasserman, Dr.

Mailing Address 270-05 76th Ave

City State Zip Code
New Hyde Park NY 11040

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Long Island Jewish Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 11 / 2009

Transaction ID: SA11AI.35264

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
H. Michael Weinstein, Dr.

Mailing Address Dept of Pathology
3000 New Bern Ave

City State Zip Code
Raleigh NC 27610-1231

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Wake Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 22 / 2009

Transaction ID: SA11AI.35366

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
L. Ronald Weiss, Dr.

Mailing Address Dept of Pathology
500 Chipeta Way

City State Zip Code
Salt Lake City UT 84108-4108

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ARUP Clinical Laboratories Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 11 / 2009

Transaction ID: SA11AI.35180

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 60
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A. Full Name (Last, First, Middle Initial)
S Jerome Wilkenfeld, Dr.

Mailing Address PO Box 55008

City State Zip Code
Houston TX 77255-5008

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Spring Branch Med Ctr Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 17 / 2009

Transaction ID: SA11AI.35321

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
R. Bruce Williams

Mailing Address 2915 Missouri Avenue

City State Zip Code
Shreveport LA 71109

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
The Delta Pathology Group, LLP Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 03 / 2009

Transaction ID: SA11AI.35336

Amount of Each Receipt this Period
750.00

C. Full Name (Last, First, Middle Initial)
D. Douglas Wilson

Mailing Address Department of Pathology
1924 Alcoa Highway

City State Zip Code
Knoxville TN 37920

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Univ of Tennessee Med Ctr Knoxville Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 18 / 2009

Transaction ID: SA11AI.35258

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 60
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A. Full Name (Last, First, Middle Initial)
T Joseph Wilson, Dr.
Mailing Address 411 E Matthews Ave
City Jonesboro State AR Zip Code 72401
FEC ID number of contributing federal political committee. **C**
Name of Employer Doctors' Anatomic Path Svcs, PA Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 09 / 04 / 2009
Transaction ID: SA11AI.35213
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
W Reginald Wilson, Dr.
Mailing Address PO Box 1527
City Milledgeville State GA Zip Code 31059-1527
FEC ID number of contributing federal political committee. **C**
Name of Employer Oconee Regional Med Ctr Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 09 / 11 / 2009
Transaction ID: SA11AI.35290
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Bennett Lola Windisch, Dr.
Mailing Address 4608 21st St
City Lubbock State TX Zip Code 79407-2312
FEC ID number of contributing federal political committee. **C**
Name of Employer Covenant Health System Occupation Pathologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 09 / 17 / 2009
Transaction ID: SA11AI.35176
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 60
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A.

Full Name (Last, First, Middle Initial) Le Michael Woltman, Dr.		Date of Receipt MM / DD / YYYY 09 / 17 / 2009
Mailing Address Lab 701 10th St SE		Transaction ID: SA11AI.35269
City Cedar Rapids	State IA	Zip Code 52403-1292
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Mercy Med Ctr	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.

Full Name (Last, First, Middle Initial) Shourong Zhao		Date of Receipt MM / DD / YYYY 09 / 04 / 2009
Mailing Address PO Box 0951 710 Center St		Transaction ID: SA11AI.35338
City Columbus	State GA	Zip Code 31902-0951
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer The Medical Center	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) J Louis Zinterhofer, Dr.		Date of Receipt MM / DD / YYYY 09 / 04 / 2009
Mailing Address Dept of Path 300 Second Ave		Transaction ID: SA11AI.35278
City Long Branch	State NJ	Zip Code 07740
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3000.00
Name of Employer Monmouth Med Ctr	Occupation Pathologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

SUBTOTAL of Receipts This Page (optional)	▶	4250.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 60

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A.

Full Name (Last, First, Middle Initial)
S. Robert Zirl, Dr.

Mailing Address Dept of Pathology
605 Holderrieth

City State Zip Code
Tomball TX 77375

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Tejas Pathology Associates Pathologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	9

Transaction ID: SA11AI.35333

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)
R. Philip Zollars, Dr.

Mailing Address 1255 W Washington Street

City State Zip Code
Tempe AZ 85281-1210

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Clin-Path Associates, P.C. Pathologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	0	9

Transaction ID: SA11AI.35320

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

86427.50

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A.	Full Name (Last, First, Middle Initial) Sun Trust Bank	Transaction ID: SB21B.35428 Date of Disbursement
	Mailing Address P.O. Box 85024	<input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City Richmond State VA Zip Code 23285	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charges	<input type="text" value="593.25"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Sun Trust Bank	Transaction ID: SB21B.35429 Date of Disbursement
	Mailing Address P.O. Box 85024	<input type="text" value="09"/> / <input type="text" value="07"/> / <input type="text" value="2009"/>
	City Richmond State VA Zip Code 23285	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charges	<input type="text" value="110.25"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Sun Trust Bank	Transaction ID: SB21B.35430 Date of Disbursement
	Mailing Address P.O. Box 85024	<input type="text" value="09"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City Richmond State VA Zip Code 23285	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charges	<input type="text" value="247.28"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="950.78"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Sun Trust Bank</p> <p>Mailing Address P.O. Box 85024</p> <p>City Richmond State VA Zip Code 23285</p> <p>Purpose of Disbursement Bank Services Charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.35431</p> <p>Date of Disbursement 09 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 88.20</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Sun Trust Bank</p> <p>Mailing Address P.O. Box 85024</p> <p>City Richmond State VA Zip Code 23285</p> <p>Purpose of Disbursement Bank Service Charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.35432</p> <p>Date of Disbursement 09 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 28.24</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Sun Trust Bank</p> <p>Mailing Address P.O. Box 85024</p> <p>City Richmond State VA Zip Code 23285</p> <p>Purpose of Disbursement Bank Service Charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.35425</p> <p>Date of Disbursement 09 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 195.31</p>

SUBTOTAL of Disbursements This Page (optional) ▶

311.75

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 50 / 60

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Sun Trust Bank</p> <p>Mailing Address P.O. Box 85024</p> <p>City Richmond State VA Zip Code 23285</p> <p>Purpose of Disbursement Bank Service Charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.35426</p> <p>Date of Disbursement 09 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 50.50</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Sun Trust Bank</p> <p>Mailing Address P.O. Box 85024</p> <p>City Richmond State VA Zip Code 23285</p> <p>Purpose of Disbursement Bank Service Charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.35427</p> <p>Date of Disbursement 09 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 47.25</p>

SUBTOTAL of Disbursements This Page (optional) ▶

97.75

TOTAL This Period (last page this line number only) ▶

1360.28

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A.	Full Name (Last, First, Middle Initial) BAMPAC Mailing Address 10 G Street Suite 470 City Washington State DC Zip Code 20002 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.35383 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 9 Amount of Each Disbursement this Period 5000.00
B.	Full Name (Last, First, Middle Initial) BENNETT ELECTION COMMITTEE INC Mailing Address 175 SOUTH WEST TEMPLE SUITE 650 City SALT LAKE CITY State UT Zip Code 84101 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.35385 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 9 Amount of Each Disbursement this Period 2000.00
C.	Full Name (Last, First, Middle Initial) BENNETT ELECTION COMMITTEE INC Mailing Address 175 SOUTH WEST TEMPLE SUITE 650 City SALT LAKE CITY State UT Zip Code 84101 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.35386 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 9 Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional)	8000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A.	Full Name (Last, First, Middle Initial) BUCHANAN FOR CONGRESS	Transaction ID: SB23.35387 Date of Disbursement 09 / 21 / 2009	
	Mailing Address 2875 Towerview Road Suite 1000		
	City Herndon State VA Zip Code 20171	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 13	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
B.	Full Name (Last, First, Middle Initial) BURGESS FOR CONGRESS	Transaction ID: SB23.35388 Date of Disbursement 09 / 21 / 2009	
	Mailing Address P.O. BOX 2334		
	City DENTON State TX Zip Code 76202	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
C.	Full Name (Last, First, Middle Initial) CHARLES A GONZALEZ CONGRESSIONAL CAMPAIGN	Transaction ID: SB23.35389 Date of Disbursement 09 / 21 / 2009	
	Mailing Address PO BOX 12612		
	City SAN ANTONIO State TX Zip Code 78212	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 20	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 53 / 60

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A.

Full Name (Last, First, Middle Initial)
FIRST STATE PAC

Transaction ID: SB23.35390
Date of Disbursement

Mailing Address P.O. Box 3006

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	0	9

City Wilmington State DE Zip Code 19804

Amount of Each Disbursement this Period

Purpose of Disbursement

5000.00

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2009 Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
FRIENDS OF GINNY BROWN-WAITE

Transaction ID: SB23.35393
Date of Disbursement

Mailing Address PO Box 865

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	0	9

City Brooksville State FL Zip Code 34605

Amount of Each Disbursement this Period

Purpose of Disbursement

1000.00

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: FL District: 05

C.

Full Name (Last, First, Middle Initial)
FRIENDS OF JOHN BARROW

Transaction ID: SB23.35395
Date of Disbursement

Mailing Address PO Box 8166

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	0	9

City Savannah State GA Zip Code 31412

Amount of Each Disbursement this Period

Purpose of Disbursement

2500.00

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: GA District: 12

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A.	Full Name (Last, First, Middle Initial) GEORGIANS FOR ISAKSON <hr/> Mailing Address POST OFFICE BOX 250116 <hr/> City ATLANTA State GA Zip Code 30325 Purpose of Disbursement <input type="checkbox"/> Candidate Name _____ Category/Type _____ Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.35392 Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2009 <hr/> Amount of Each Disbursement this Period 2000.00
B.	Full Name (Last, First, Middle Initial) GILLIBRAND FOR SENATE <hr/> Mailing Address 1415 NORTH TAFT STREET SUITE 477 <hr/> City ARLINGTON State VA Zip Code 22201 Purpose of Disbursement <input type="checkbox"/> Candidate Name _____ Category/Type _____ Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.35396 Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2009 <hr/> Amount of Each Disbursement this Period 1500.00
C.	Full Name (Last, First, Middle Initial) GILLIBRAND FOR SENATE <hr/> Mailing Address 1415 NORTH TAFT STREET SUITE 477 <hr/> City ARLINGTON State VA Zip Code 22201 Purpose of Disbursement <input type="checkbox"/> Candidate Name _____ Category/Type _____ Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.35397 Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2009 <hr/> Amount of Each Disbursement this Period 3500.00

SUBTOTAL of Disbursements This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 55 / 60

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A.	Full Name (Last, First, Middle Initial) GUTHRIE FOR CONGRESS	Transaction ID: SB23.35398
	Mailing Address 406 College View Drive	Date of Disbursement 09 / 21 / 2009
	City Elizabethtown State KY Zip Code 42701	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) LATHAM FOR CONGRESS	Transaction ID: SB23.35399
	Mailing Address P.O. Box 71 PO BOX 71	Date of Disbursement 09 / 21 / 2009
	City Clarion State IA Zip Code 50525	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MADISON PAC; THE	Transaction ID: SB23.35422
	Mailing Address 235 STATE STREET #206	Date of Disbursement 09 / 23 / 2009
	City SPRINGFIELD State MA Zip Code 01103	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A.	Full Name (Last, First, Middle Initial) PETE STARK RE-ELECTION COMMITTEE	Transaction ID: SB23.35404
	Mailing Address PO BOX 8331	Date of Disbursement 09 / 21 / 2009
	City: FREMONT State: CA Zip Code: 94537	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 13	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PETE STARK RE-ELECTION COMMITTEE	Transaction ID: SB23.35418
	Mailing Address PO BOX 8331	Date of Disbursement 09 / 23 / 2009
	City: FREMONT State: CA Zip Code: 94537	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 13	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PRESERVING AMERICA'S TRADITIONS (PATPAC)	Transaction ID: SB23.35405
	Mailing Address 610 S. BOULEVARD	Date of Disbursement 09 / 21 / 2009
	City: TAMPA State: FL Zip Code: 33606	Amount of Each Disbursement this Period 4000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	7500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A. Full Name (Last, First, Middle Initial)
ROB WITTMAN FOR CONGRESS

Mailing Address PO BOX 999
PO BOX 999

City MONTROSS State VA Zip Code 22520

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: VA District: 01

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.35406
Date of Disbursement

09 / 21 / 2009

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
STABENOW FOR US SENATE

Mailing Address 426 C STREET, NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: MI District: 00

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.35408
Date of Disbursement

09 / 21 / 2009

Amount of Each Disbursement this Period

2000.00

C. Full Name (Last, First, Middle Initial)
SUE MYRICK FOR CONGRESS

Mailing Address 2501 Wisconsin Avenue, NW #304

City Washington State DC Zip Code 20007

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: NC District: 09

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.35421
Date of Disbursement

09 / 23 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
College of American Pathologists Political Action Committee

A.	Full Name (Last, First, Middle Initial) WELCH FOR CONGRESS		Transaction ID: SB23.35411	
	Mailing Address PO BOX 1682		Date of Disbursement 09 / 21 / 2009	
City BURLINGTON		State VT	Zip Code 05402	
Purpose of Disbursement			Amount of Each Disbursement this Period 1000.00	
Candidate Name			Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: VT District: 00				

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

53500.00